

**RECEIVED**

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

SEP 03 2008  
SEP 03 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Kirkton Adkins

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Thomas Part

Sept. Anderson

Cook County

Div-11-Sick call's medical Director

08CV5010  
JUDGE ZAGEL  
MAG. JUDGE COX

Ct. \_\_\_\_\_  
(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**

☒

**COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**  
U.S. Code (state, county, or municipal defendants)

☐

**COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**  
**28 SECTION 1331 U.S. Code (federal defendants)**

☐

**OTHER (cite statute, if known)**

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: Kirklen Adkins
- B. List all aliases: NONE
- C. Prisoner identification number: 2008-004-5636
- D. Place of present confinement: Cook County Jail
- E. Address: 2600 S. California 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Thomas Dart  
 Title: Sheriff of Cook County  
 Place of Employment: The Daly Center
- B. Defendant: Supt. Anderson  
 Title: Supt.  
 Place of Employment: Division 11 Cook County Jail
- C. Defendant: Cook County Jail Medical Director  
 Title: Cook County Div 11 Medical Director  
 Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: \_\_\_\_\_  
 \_\_\_\_\_
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- D. List all defendants: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: \_\_\_\_\_  
 \_\_\_\_\_
- G. Basic claim made: \_\_\_\_\_  
 \_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Dear Judge on June 30th 2008, I was sent to the Cook County Jail.

I Begged the Arresting Sheriff to Allow me to get my medications from my Home where I was Arrested. "All A worst or time" upon Reaching Cook County Jail I Begged the Guards, Doctors in processing and Prop many Sickcall slips to Get Treated for my Illnesses. Even providing proof sending in copies of my Prescription's. I Even filed Grievance. I Take 800 meltrin, Robaxin and Vikaden. for Two Blewout Knees and a Ruptured Disk in my Back

The yellow slip Enclosed will prove It.

It took me 37 Days to Be treated

I lived in pain even Having to climb the 13 Stairs and Even Sleep on the top Bank.

I State and Stand By the claim that Defendant  
Thomas Dart, Sept. Anderson, Cook County  
and Div-11-Sick coll's medical Director,  
Failed in Here to Be Discription Allowing,  
the people Employed Under him to Subjected  
plaintiff Kinklen ADKins to Sevt. Crule and  
Unusal punishment and Delebrat Indeterencas  
He Know These conditions Exist and fail  
to correct them after proof from many  
Complaints Have Come to Light  
This is how Each Defendant is respanable  
for my Damages

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I Begs the Court to cause each Defendant  
to Be Held Accountable for there Action.  
Thomas Dart, Supt Anderson, Cook County and  
Div-11- medical Director (Jon Doe). Requesting they  
Pay 780,000 Each incompensator Damage 320  
in punitive Damages. If the Court feels this Amount  
is fair

VI. The plaintiff demands that the case be tried by a jury.

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YES

☒

NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 29 day of Aug, 2008

[Signature]  
(Signature of plaintiff or plaintiffs)

Kirklen Adkins  
(Print name)

2008-004-5636  
(I.D. Number)

2600 S. California 200608  
Chicago Ill.  
(Address)



Patient Copy

1

Checked

Patient

Adkm, Kirklin

ID#

20080041636

Date

5/7/08

Problem

Location

11 CC

Weight

Date of Birth

8/28/61

Order (Physician's Signature after last order)

Allergy:

NKA

Filled

- ① Motrin (COX-2) PO TID/PRN x 4wk
- ② Robaxin 750mg PO BID x 4wk
- ③ Bottom Bunk

Data Entry

FOR INFORMATION ONLY - DO NOT DISPENSE

DEA / Illinois Lic.#

Physician \*\* PRINT

Time:

Form 853.01

Med/Surg [ ]

MHS [ ]

Part-A / Control #: 702 X 1336Referred To: 10/1/08☐ Processed as a request.

## COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Kirklen ADkins First Name: KirklenID #: 2008 -0045636 Div.: 11 C Living Unit: CC Date: 07/23/08BRIEF SUMMARY OF THE COMPLAINT: Re: medical Neglect

I've sent in 4 yellow medical slips starting July 1, 2008  
 Update Begging for the chance to see a Doctor re-  
 garding my serious medical needs. I've gotten no  
 answer yes or no. why I'm being denied. I suffer from  
 A slipped Disk in my Back and Both my Knees are gone  
 my backache is <sup>when</sup> down. The Arresting Sheriff on this  
 case wouldn't let me get my medication. To bring in  
 from my house. I take Vicoden muscle Relaxer, and  
 200 mg. of Ibuprofen 3 Times A Day.

Please Help I'm in pain.

Thank you Kirklen L ADkins 20080045636  
 NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

C.C.J. CO'S Div-11  
 ACTION THAT YOU ARE REQUESTING:

To see a Doctor please for help.

DETAINEE SIGNATURE: Kirklen L ADkinsC.R.W.'S SIGNATURE: [Signature]DATE C.R.W. RECEIVED: 7/23/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.  
 All appeals must be made in writing and directly submitted to the Superintendent.



## C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL &amp; RESPONSE

\*EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE\*

Detainee's Last Name: Adkins First Name: K. H. H. ID#: 2008-0045636Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Detainee alleges that he needs medical attention.C.R.W. Referred Griev. To: Clemens Date Referred: 7/25/08Response Statement: Referred to Dr. Physician & Patient Care ServicesC. Smith (print - name of individual responding to this griev.) Date: 7/30/08 Div./Dept. CHS  
(signature of individual responding to this griev.)C. Smith (print - name of Supt. / Designee / Dept. Admin.) Date: 07/30/08 Div./Dept. CHS  
(signature of Supt. / Designee / Dept. Admin.)C. Smith (print - name of Prog. Serv. Admin. / Asst. Admin.) Date: 7/31/08  
(signature of Prog. Serv. Admin. / Asst. Admin.)Date Detainee Received Response: 07/31/08 Detainee Signature: [Signature]

## REQUEST FOR AN APPEAL

\*APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE\*

Date Detainee Request For An Appeal: 07/31/08Detainee's Basis For An Appeal: I am sick and begging for my medical for pain since I was 30. July date 7-31-08Appeal Board's Acceptance Of Detainee's Request: YES ☒ NO ☐Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:  
Please ensure detainee is seen by medicalAppeal Board's Signatures / Dates: [Signature] 08/12/08Date Detainee Rec.'d the Appl. Bd.'s Response: 8/15/08 Detainee Signature: X

GRIEVANCE CODE(S): ( ) ( ) ( ) ( )

(WHITE COPY - PROG. SERV.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDENROD COPY - DIVISION/SUPT. OFFICE)